

Name  
in  
Full

William H Brooks

## CERTIFICATE OF DEATH

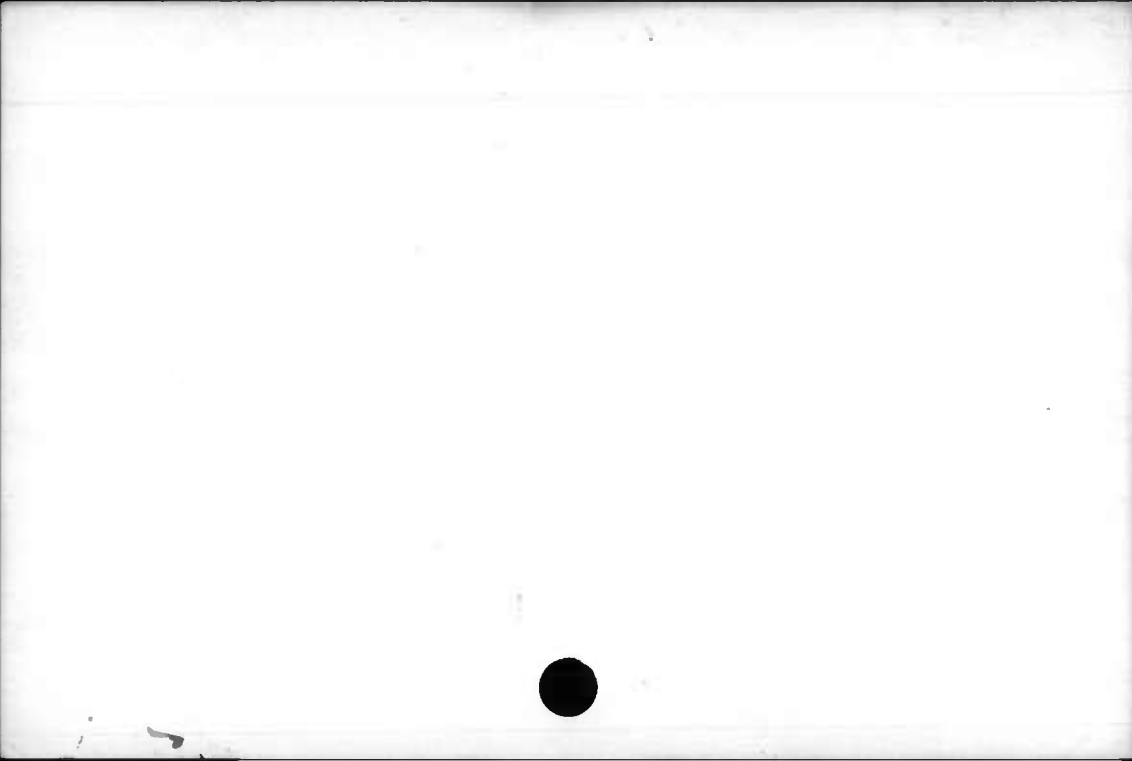
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Templerville		County Queen Ans		MARYLAND	
Date of death 190	3	Month aug	Day 19	Age	Years	Months 2	Days 18
Sex	male		Color or Race	colored		Birth- place	Templerville
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Swell T Brooks			
Mother's Maiden Name				Mary E Brooks			
Name of person giving In formation				Swell Brooks			
				Father's Birthplace			
				I, A, colored			
				Mother's Birthplace			
				How related to deceased			
				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Thrush	100	How long	2 weeks
Immediate	no doctor		How long	
Are the name, age, sex, color, date and place correctly given above?		Father		
		Signature of Physician		
		Swell T Brooks		
		Address		
		Templerville		
Accident or Suicide?				



Name  
in  
Full

Emma Lelayton

## CERTIFICATE OF DEATH

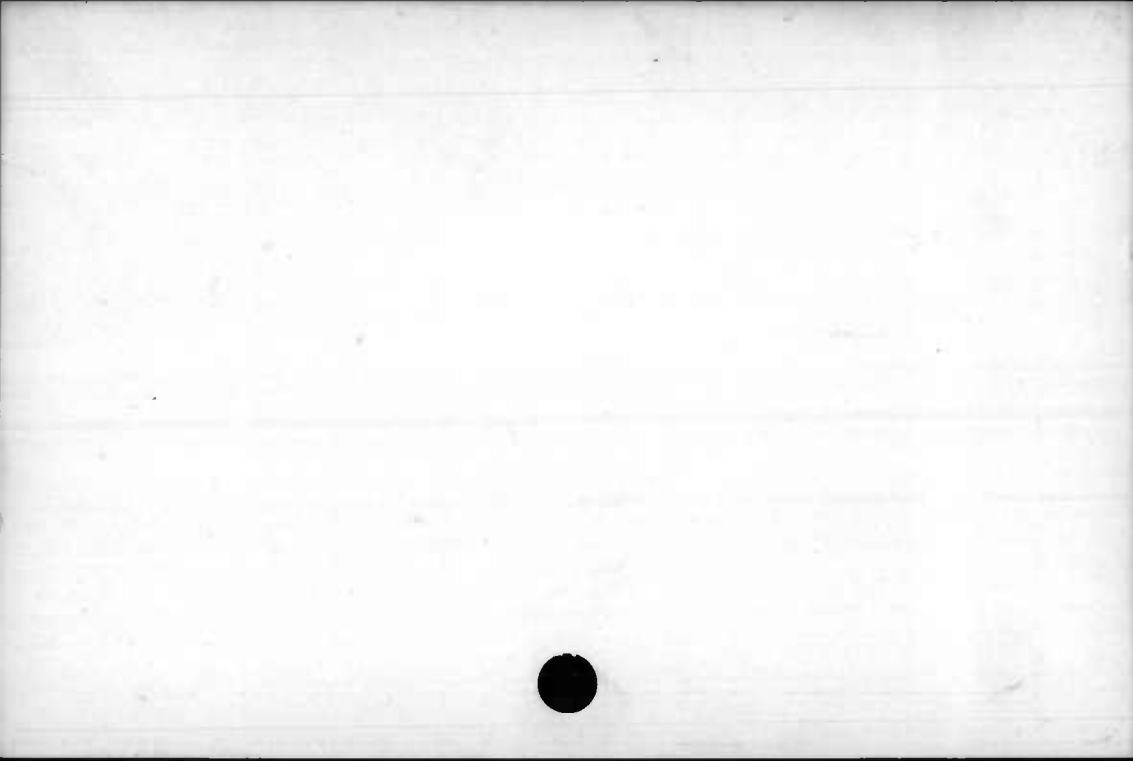
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Star P.O.		County Anne		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	3	8	22	7		14	
Sex	Female		Color or Race	African		Birth-place	Star P.O.
Married Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Not Known Bester?			
Father's Birthplace							
Mother's Maiden Name				Julia Lelayton			
Mother's Birthplace				Star Anne			
Name of person giving information				John Broadway			
How related to deceased				Nephew			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mum Nurse	How long	151
Immediate	Inanition	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Howard R. Hopkins	
Address		Lunenburg Md.	
Accident or Suicide?			



Name  
in  
Full

Pearl Downes

## CERTIFICATE OF DEATH

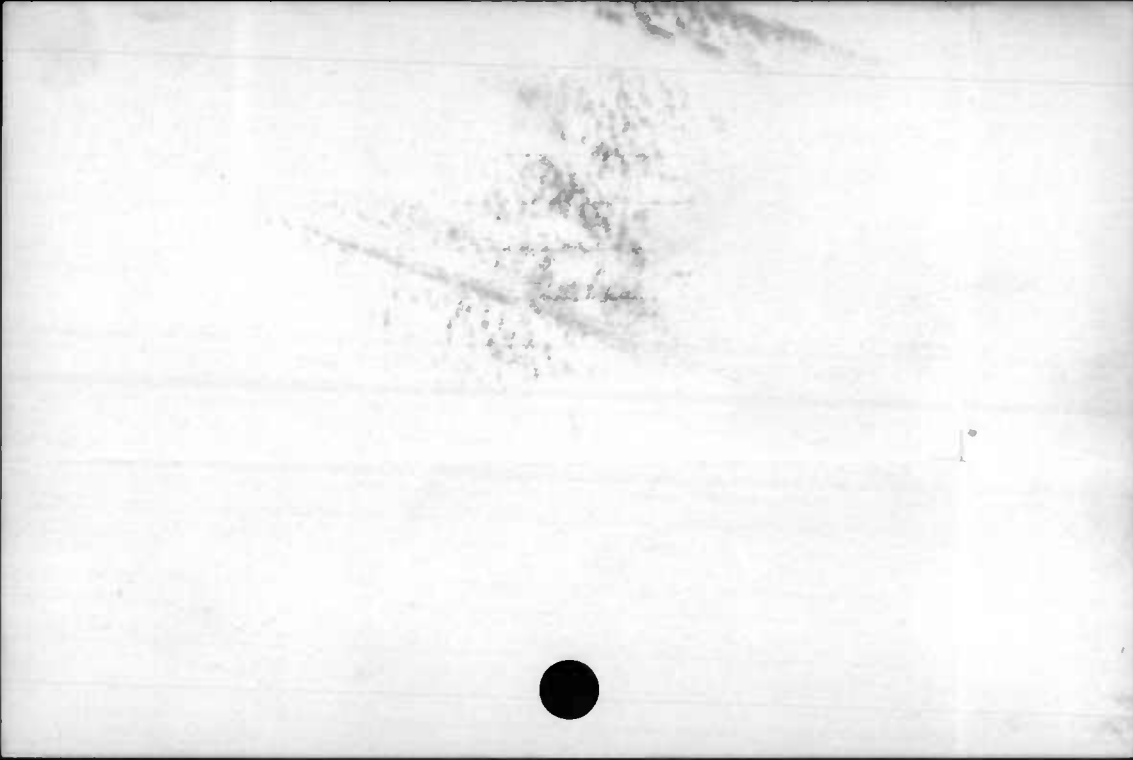
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ruthsburg</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>Aug.</i> <sup>Month</sup>	<i>10</i> <sup>Day</sup>	Age <i>1</i> <sup>Years</sup>	<i>7</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Queen Anne Co.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Child</i>		
Name of Wife or Husband <i>Child</i>					
Father's Name <i>Do not know</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Hattie M. Downes</i>			Mother's Birthplace <i>Queen Anne Co.</i>		
Name of person giving information <i>John Yeat</i>			How related to deceased <i>great grandfather</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>dysentery</i>	How long <i>4 days</i>
Immediate <i>Spasms</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Stach Jr. D.</i>
	Address <i>Ruthsburg, Queen Anne Co.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

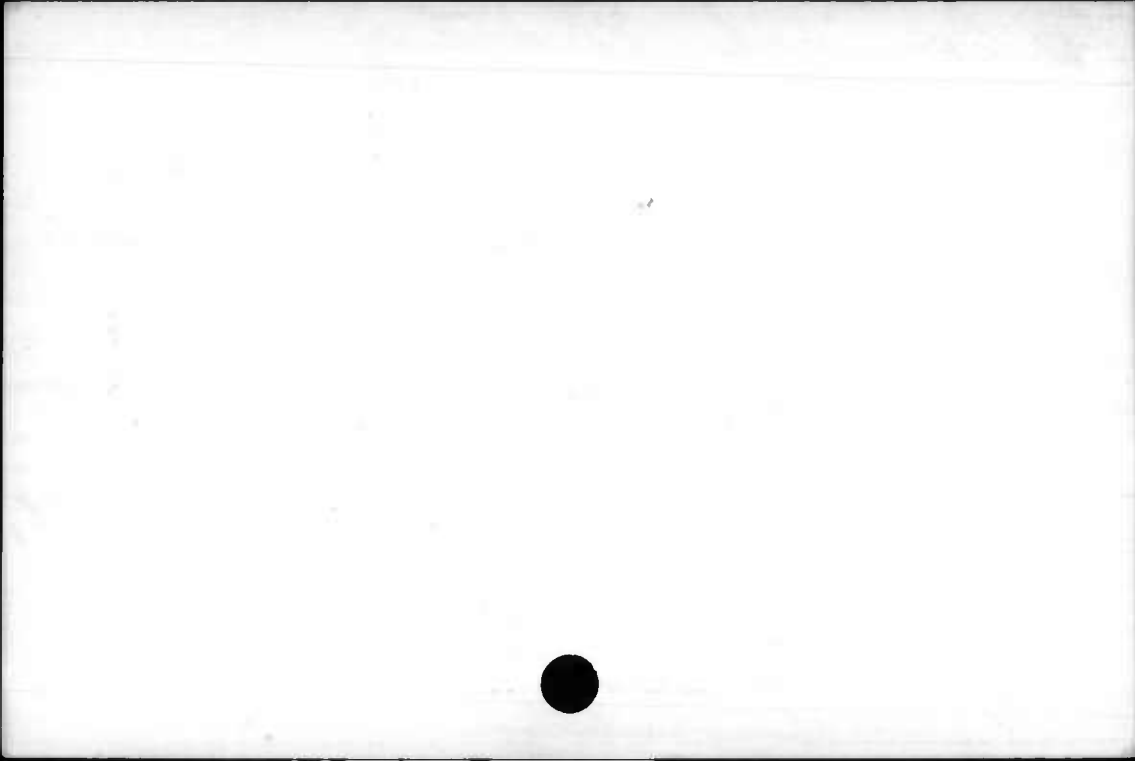
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i> <sup>Town</sup>		<i>Indian River</i> <sup>County</sup>		MARYLAND	
Date of death	1903	Month	8	Day	30
Age		Years		Months	5
				Days	10
Sex	<i>Male</i>		Color or Race	<i>white</i>	
Occupation	<i>Nursing</i>		Birth-place	<i>Baltimore</i>	
Where Residing if not at place of death			<i>Baltimore</i>		
<del>Single</del>			<del>Married</del>		
Father's Name	<i>James A McFarland</i>			Father's Birthplace	<i>Tennamake</i>
Mother's Maiden Name	<i>Fannie E Smith</i>			Mother's Birthplace	<i>Tennamake</i>
Name of person giving Information	<i>Jas A McFarland</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	105	How long	<i>4 months</i>
Immediate	<i>Exhaustion</i>		How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>Edward Frank MD</i>
			Address	<i>Baltimore</i>
Accident or Suicide?		<i>no</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Samuel Mackay</i>		Town <i>near Centerville</i>		County <i>Indian</i>		State <i>MARYLAND</i>	
Died at		Month <i>Aug</i>		Day <i>7</i>		Years <i>20</i>	
Date of death 190 <i>3</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Md.</i>			
Married, Single <del>or Widowed</del>				Occupation <i>Farm hand</i>			
Name of Wife or Husband <i>— — — — —</i>							
Father's Name <i>A. B. Mackay</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>S. E. Newnham</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Frank Samby</i>				How related to deceased <i>None</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>		How long <i>9 months</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>No Dr.</i>	
<i>Jos. G. Dawson</i>		Address	
Accident or Suicide?		<i>Undertaker</i>	



TO BE ANSWERED BY  
NEAREST FRIEND

Lora E. Nichols

CERTIFICATE OF DEATH

ed at *Queen Anne* Town *Queen Anne's* County

MARYLAND

Sex *Female* Color or Race *white* Birth-place *Ind.*  
Date of death 190 *3* Month *8* Day *28* Age *31* Years Months *1* Days *20*

Married, Single or Widowed *married* Occupation *Housewife*

Name of Wife or Husband *Christopher Nicholas*

Father's Name *Andrew J. Wiloughby* Father's Birthplace *Ind.*

Mother's Maiden Name *Annie E. Wiloughby* Mother's Birthplace *Ind.*

Name of person giving information *Sister*

CAUSES OF DEATH

Primary *Eclampsia* How long *one day*

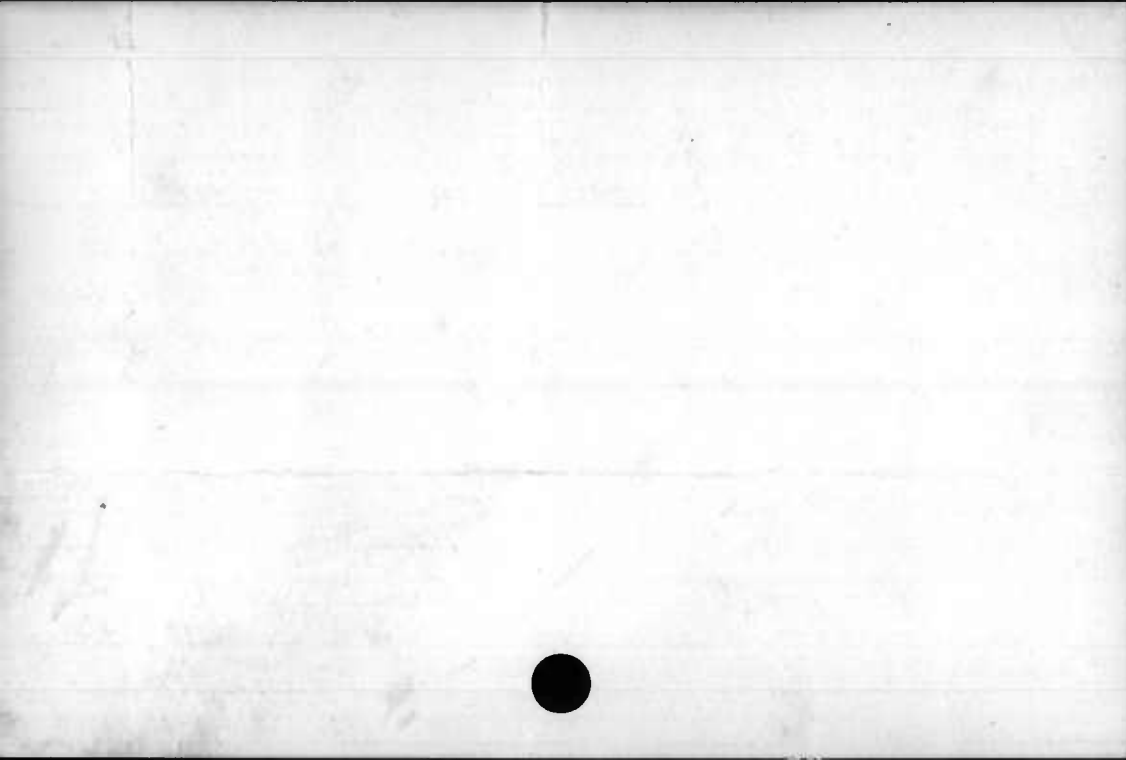
Immediate *Pneumonia* How long *Four days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. N. Edwards*

Address *Ridgely, Ind.*

Accident or Suicide? *— — —*



Name  
in  
Full

## CERTIFICATE OF DEATH

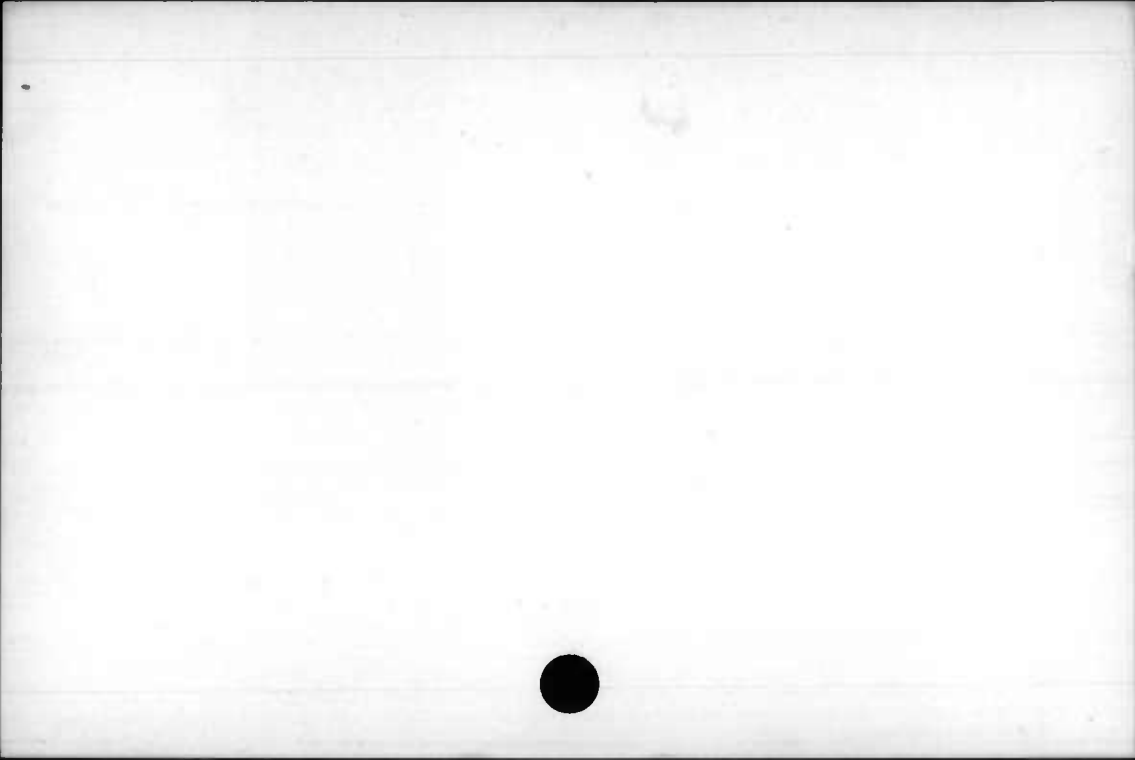
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Myr Island</i> <sup>Town</sup>		<i>La. Co</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>8</i>	Day <i>21</i>	Years <i>34</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>American</i>		Birth-place		
Married, <i>Yes</i>	<i>Married</i>		Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Alice G.</i>					
Father's Name <i>Jos Rasing</i>			Father's Birthplace		
Mother's Maiden Name <i>Sarah P. Paca</i>			Mother's Birthplace <i>La Co</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Influenza</i>	<i>to 28</i>	How long	<i>one week six months</i>
Immediate	<i>Tubercular Meningitis</i>		How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Howard R. Hopkins</i>	
			Address <i>2 Chestnut</i>	
			<i>MD.</i>	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

Alberta Rozier

MARYLAND

Died at <sup>Town</sup> Centreville <sup>County</sup> Queen Anne

Date of death 1903 Aug 17 Age 38 Months Days

Sex Female Color or Race colored Birth-place Md.

Occupation Where Residing if not at place of death Centreville

Married, ~~Single~~  
or ~~Widowed~~Name of Wife or  
Husband

Abe Rozier

Father's Name Horace Bowser Father's Birthplace Md.

Mother's Maiden Name Ann Bheers Mother's Birthplace Md.

Name of person giving Information Fizzie Ann Johnson How related to deceased Aunt

## CAUSES OF DEATH

Primary Heredity Intercutaneous 27 2 years

Immediate Pulmonary Intercutaneous 2 yrs.

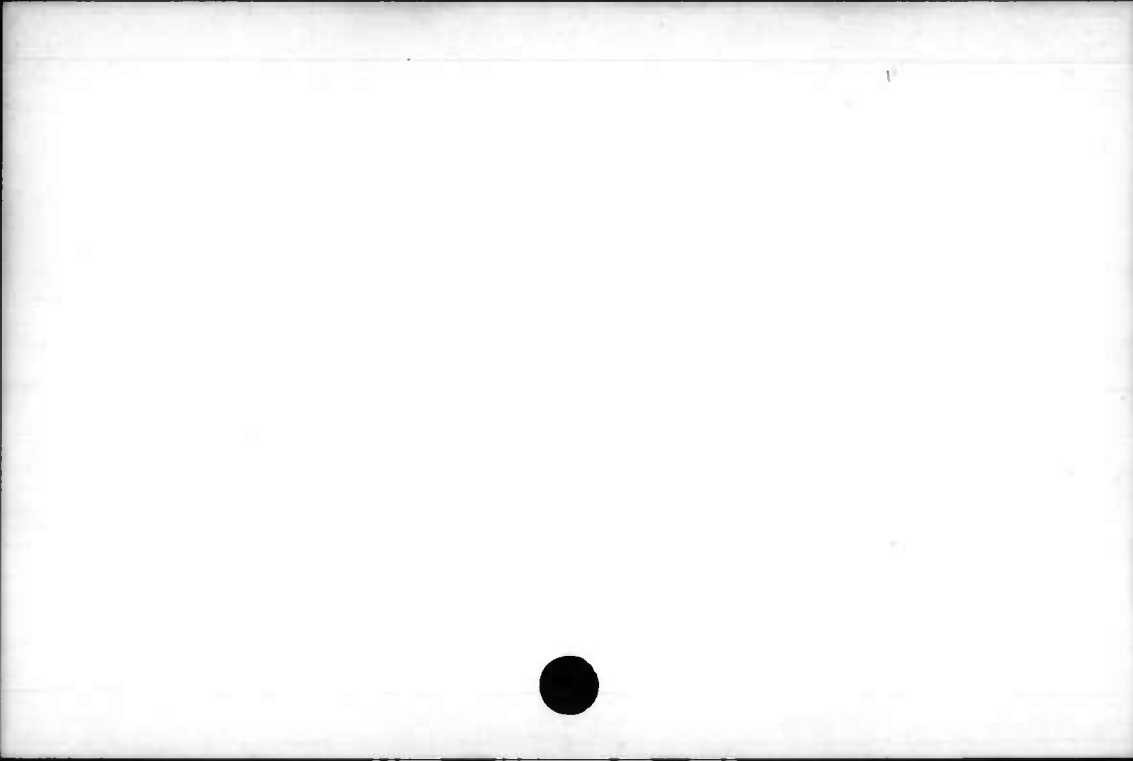
Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

James Bordley M.D.  
Centreville Md.~~Accident or Suicide?~~TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Robert Rogier

## CERTIFICATE OF DEATH

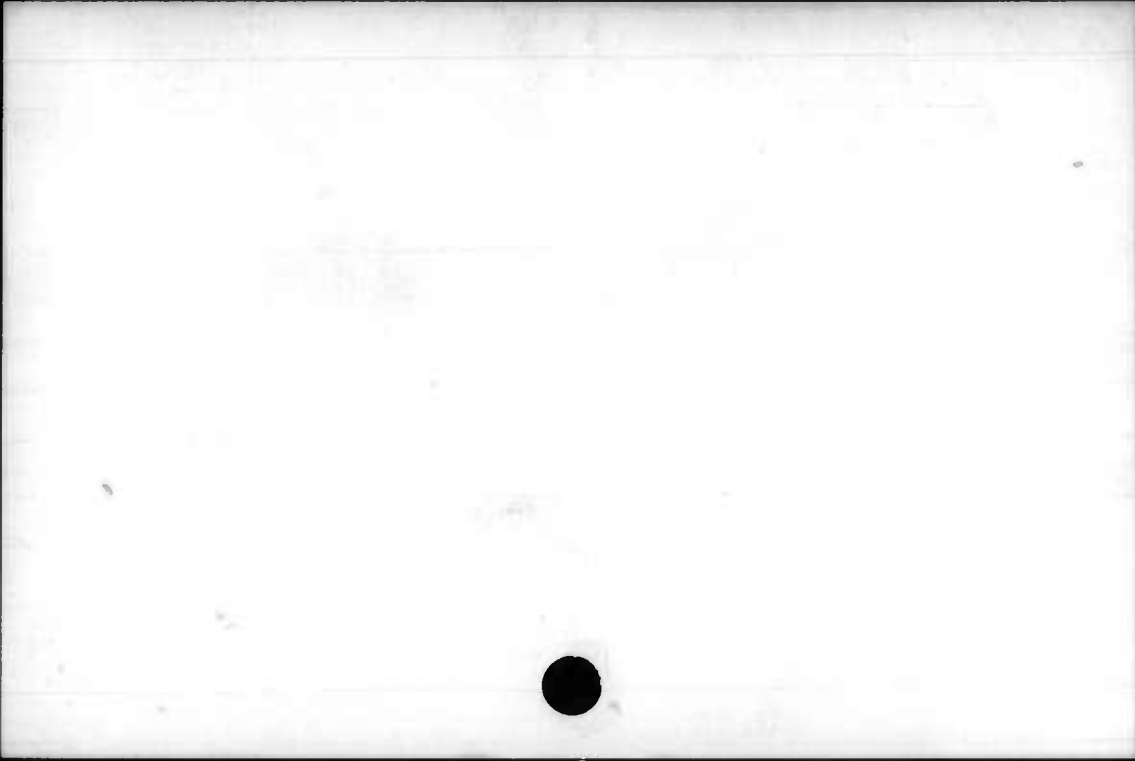
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Centreville</i> Town		<i>Queen Anne</i> County		MARYLAND		
Date of death	<i>1903</i>	Month <i>Aug</i>	Day <i>22</i>	Years	Months <i>one</i>	Days
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Centreville</i>			
Occupation			Where Residing if not at place of death <i>11</i>			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name <i>Abe Rogier</i>			Father's Birthplace <i>Centreville</i>			
Mother's Maiden Name <i>Alverta Bowser</i>			Mother's Birthplace <i>11</i>			
Name of person giving Information <i>Abe Rogier</i>			How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>not known</i> <i>supposed to be consumption</i>	How long <i>4 weeks</i>
Immediate	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>151 No Dr.</i>
<i>Jon. G. Dawson</i>	Address <i>Centreville</i>
Accident or Suicide?	<i>No</i>



Name  
in  
Full

Annie E Shriver

## CERTIFICATE OF DEATH

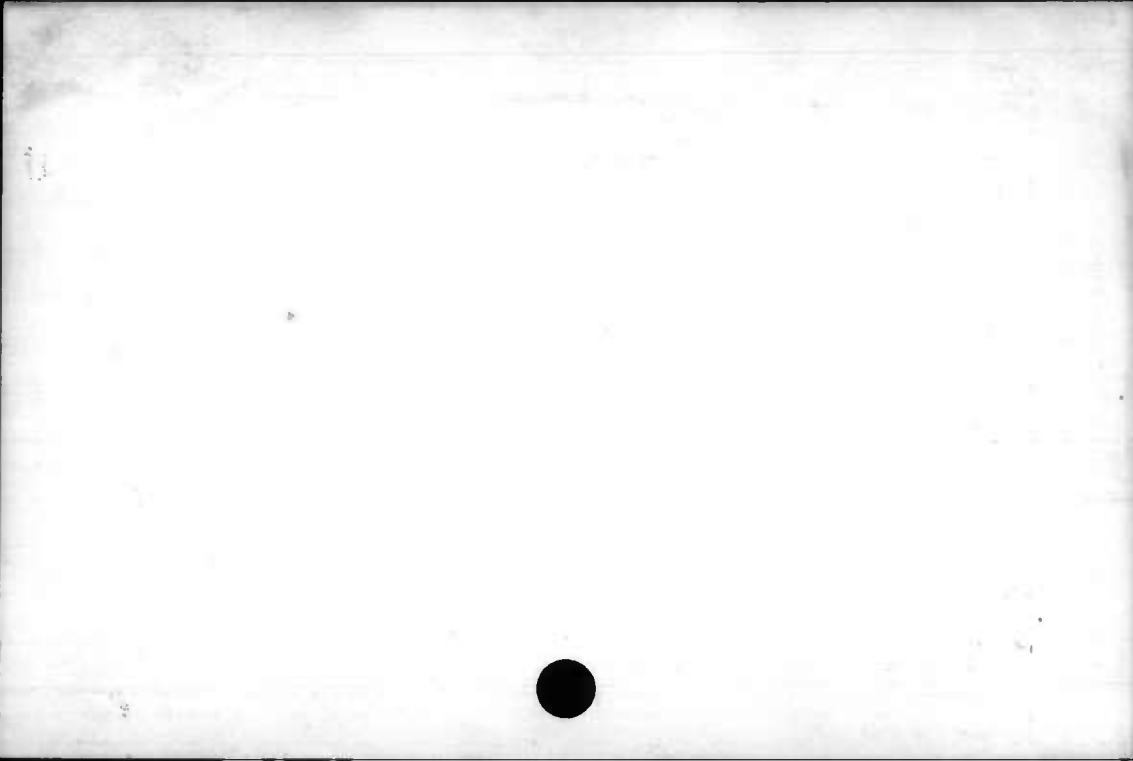
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Winchester</i>		Town		<i>Queen An Co</i>		County		MARYLAND	
Date of death 1903	Month 8	Day 17	Age 66	Years 66	Months 4	Days 5			
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Via.</i>						
Married, Single or Widowed <i>Married</i>			Occupation <i>Housekeeper.</i>						
Name of Wife or Husband <i>Wm Shriver</i>									
Father's Name <i>John Coursey.</i>						Father's Birthplace <i>Via</i>			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving In formation <i>Wm Shriver</i>						How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Acute indigestion</i>	How long <i>24 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Howard R. Hopkins,</i>
	Address <i>Queentown</i>
Accident or Suicide?	<i>Md.</i>



Name in Full

Certificate of Death

Margaret E. Smith

Town

County

Died at Silghman's

2. A.

MARYLAND

Date 1903

Aug 21

Age

81

Native of

2. A.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children

Husband

Wife

Father's

Name

Andrew E. Smith

Mother's

Name

Margaret E. Smith

Cause of

Primary

Dr. J. J. J. J.

How long sick

2 hrs -

Death

Immediate

attended by one duly qualified

Accident, Suicide, Homicide

Reported by

J. W. J. J.

Address

Church Hill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name  
in  
Full

Francis Stevens

## CERTIFICATE OF DEATH

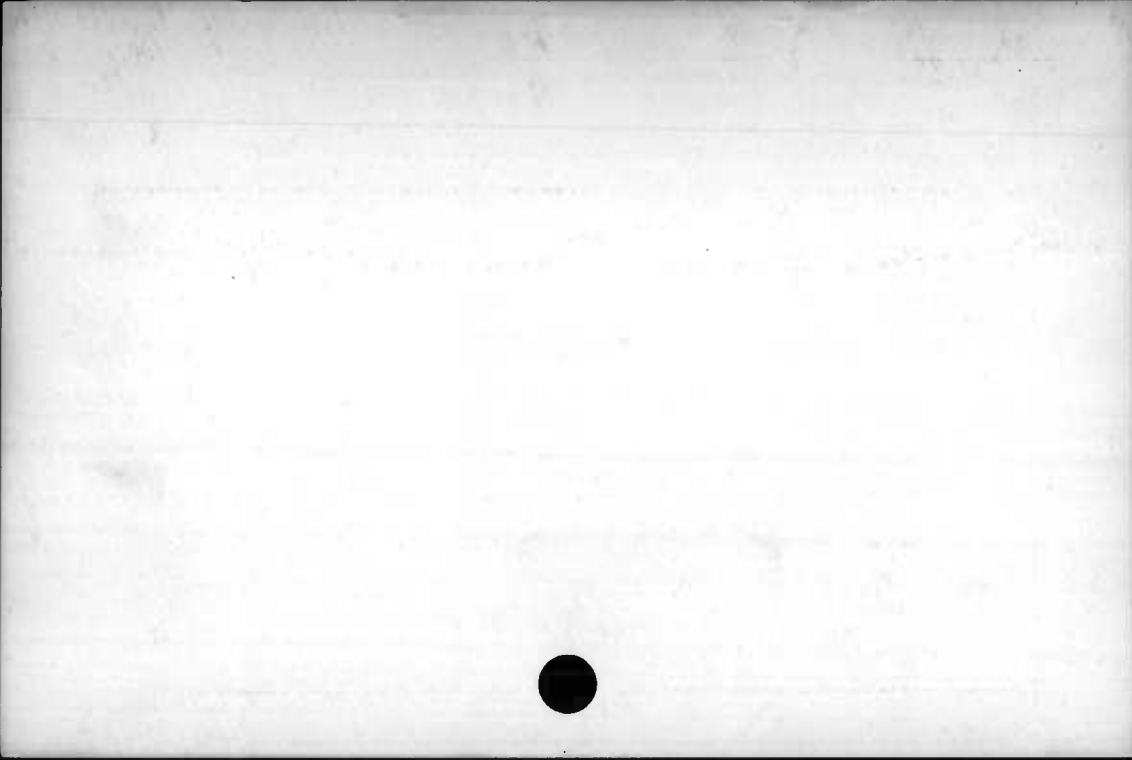
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cheselo Hill		County Quinnapo Co		MARYLAND	
Date of death 190	3	Month Aug	Day 20	Age 83	Years	Months	Days
Sex	Female		Color or Race	Negress		Birth- place	—
Married, Single or Widowed				Occupation			
Name of Wife or Husband				—			
Father's Name				—			
Mother's Maiden Name				—			
Name of person giving information				Eliza Seney			
				How related to deceased			
				daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Apoplexy (only seen once a few times before death)		How long	said to be about 2 weeks	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		
			M. H. Medon		
			Cheselo Hill		
Accident or Suicide?					





Name in Full

Certificate of Death

Rebecca Stewart

Died at

Town Church Hill

County

Queen Anne's Co

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 15

Age

8 months Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife of

Father's

Name

Howard Stewart

Mother's

Maiden Name

Elizabeth Jordan

Cause of

Primary

Still born child

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Dr. S. Dudley MD

Address

Church Hill Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Centerville

Name in Full

Certificate of Death

Name in Full *Horace Thomas*  
 Died at *Church Hill* Town *Queen Anne's* County *MARYLAND*

Date 19 *03* Month *Aug* Day *1* Age *89* Y. M. D. Native of *Queen Anne's* Occupation *None*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Single~~ ~~Widow~~ Number of children living *None*  
 Female *Colored*

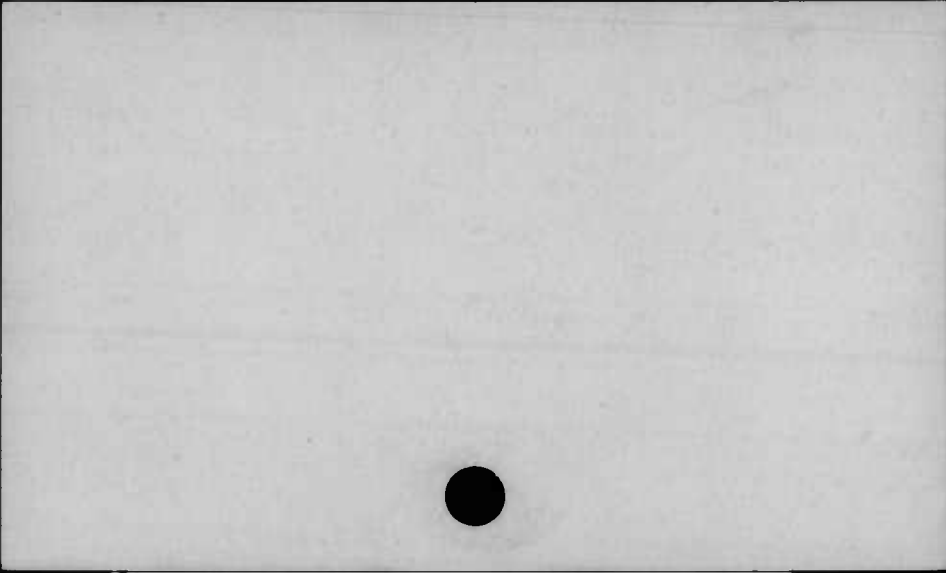
Husband of *Rebecca Thomas*  
 Wife  
 Father's Name *Perry Morris* Mother's Name *Horace Morris*  
 Maiden Name

Cause of Death { Primary *Nephritis* Immediate *exhaustion* } How long sick *29* 1/2  
 Accident, Suicide, Homicide

Reported by *G. J. Dudley MD*  
 Address *Church Hill* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Reese Whitty (Infant)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>near</sup> Ridgely Town

Queen Anne's County

MARYLAND

Date of death 1908 Aug.

Day 24

Age Years

Months

Days 7

Sex Male

Color or Race white

Birth-place near Ridgely -

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name Noah H. Whitty

Father's Birthplace Queen Anne's Co.

Mother's Maiden Name Maggie M. Morris

Mother's Birthplace Del.

Name of person giving information Noah H. Whitty

How related to deceased Father

## CAUSES OF DEATH

Primary Infantile Paralysis

How long 4 days

Immediate full

How long 2 days

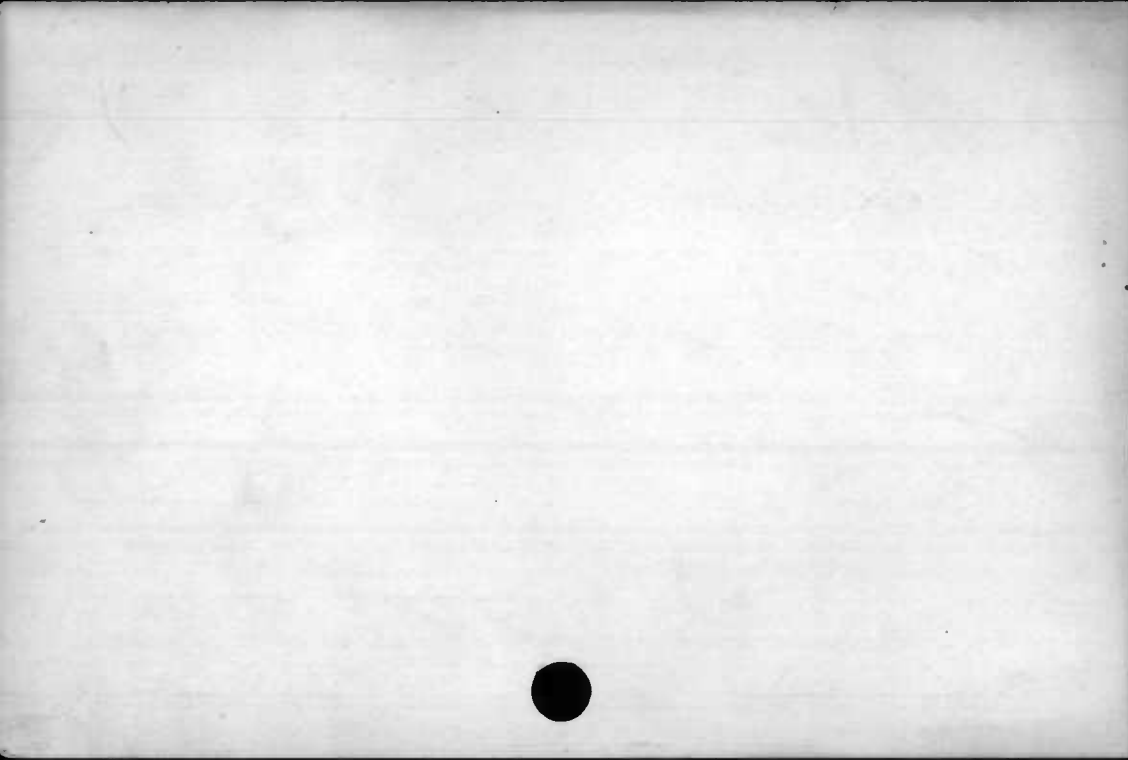
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. C. Madara  
Ridgely Md.PHYSICIAN  
OR CORONER



Name  
in  
Full

Aliza Wilkerson

## CERTIFICATE OF DEATH

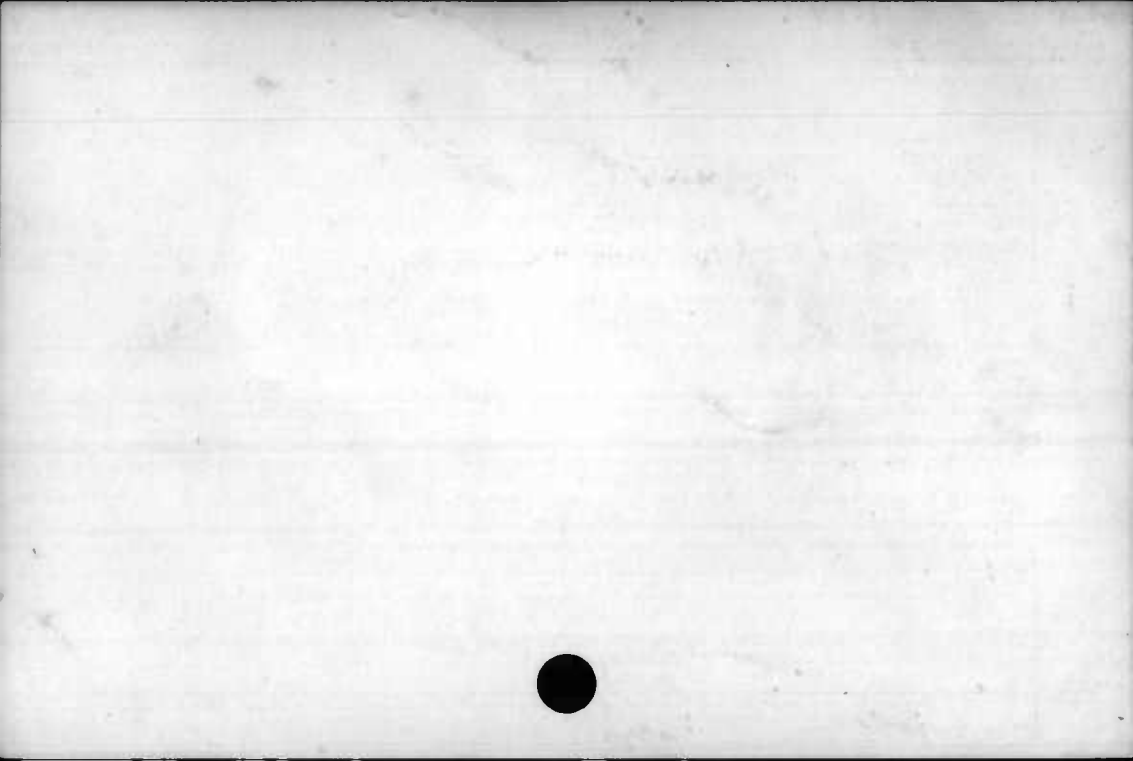
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Neas Templeville</i>		Town <i>Neas Templeville</i>		County <i>Ann</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>8</i>	Day <i>28</i>	Age <i>8</i>		Years	Months
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place			
Married, <del>Single</del> or <del>Widowed</del>				Occupation <i>Farmers</i>			
Name of Wife or Husband <i>Lizzy Wilkerson</i>							
Father's Name <i>James H. Wilkerson</i>				Father's Birthplace <i>Caroline Co</i>			
Mother's Maiden Name <i>Marytha E. Wilkerson</i>				Mother's Birthplace <i>Caroline Co</i>			
Name of person giving information <i>Alhade Wilkerson</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>3 weeks</i>
Immediate <i>Perforative Peritonitis</i>		How long
Are the name, age, sex, date and place correctly given above?		Signature of Physician <i>Foster Sudbr</i>
		Address <i>Sudbrville Md</i>
Accident or Suicide?		





Name  
in  
Full

Margaret A Wilson

## CERTIFICATE OF DEATH

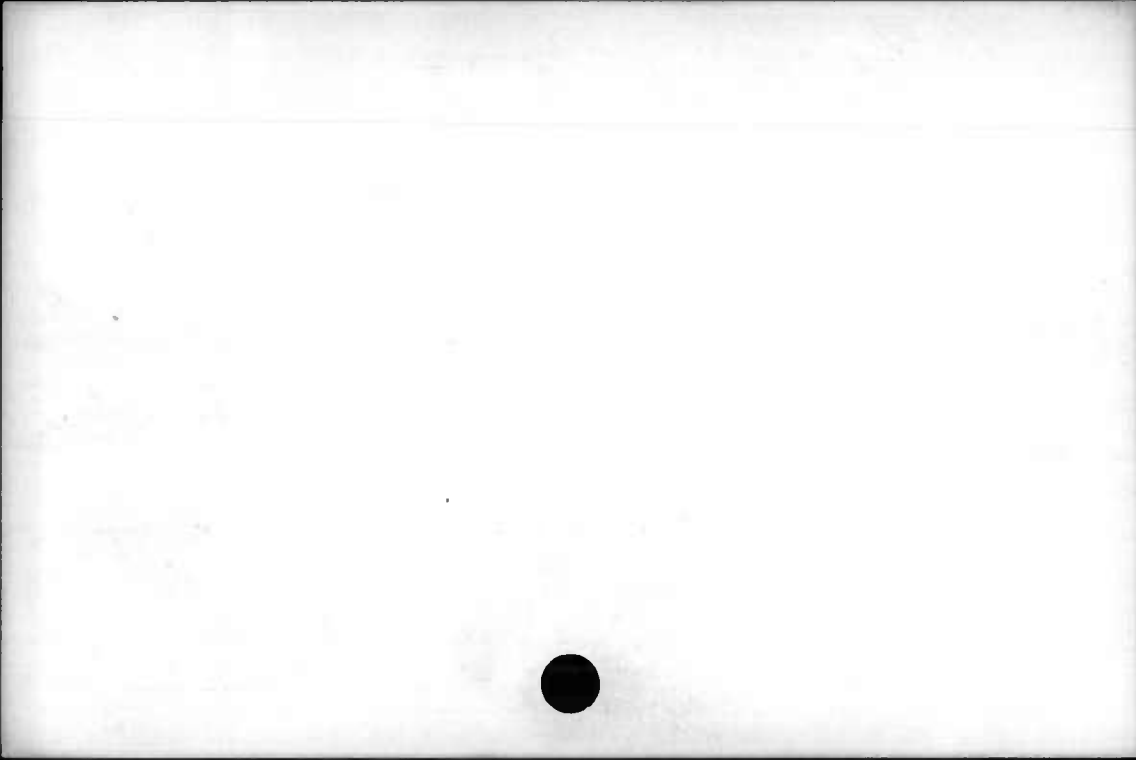
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Brown's Corner</i>		Town <i>2. a.</i>		County		MARYLAND	
Date of death	1903	Month	8	Day	9	Age	92
Sex	Female		Color or Race	Black		Birth-place	Maryland
Occupation	Servant			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	James Wilson			
Father's Name	Samuel Thomas				Father's Birthplace	Maryland	
Mother's Maiden Name	✓				Mother's Birthplace		
Name of person giving Information	Jas. H. Wilson 79				How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Valvular Heart disease		How long	20 or 3 yrs
Immediate	General dropsy		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. W. Bordley
			Address	Centerville Md
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

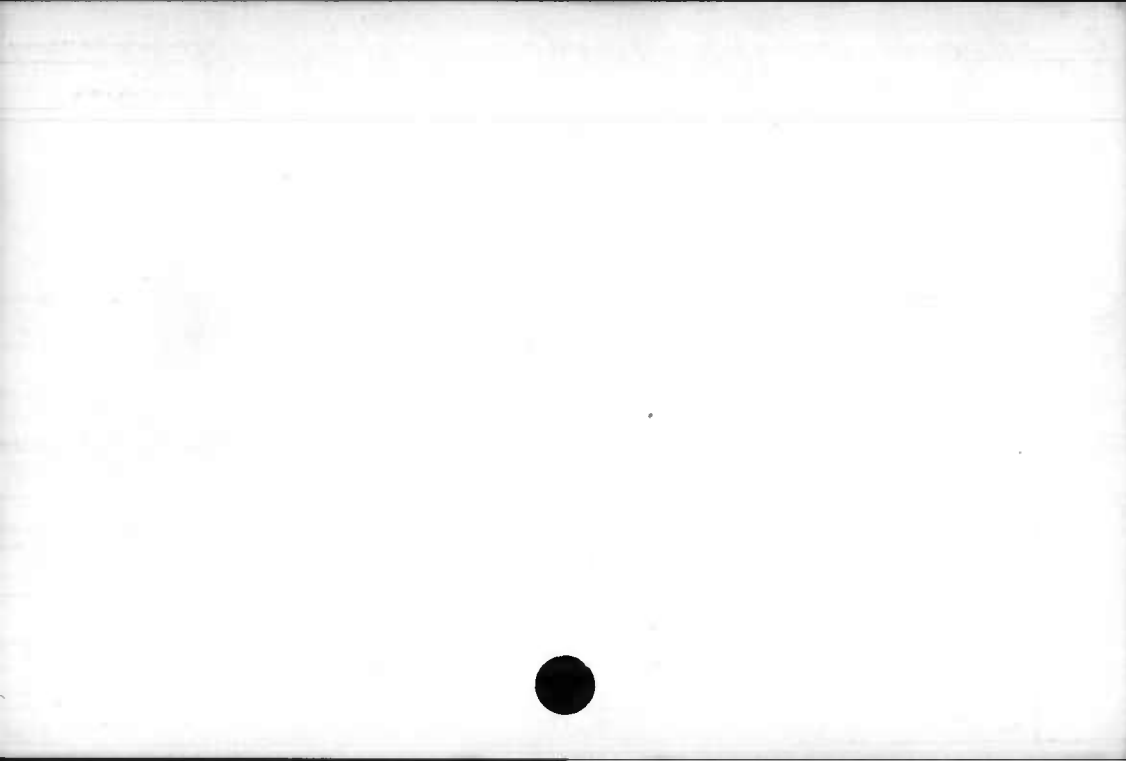
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Not Named</i>		County <i>near Centreville</i>		State <i>MD</i>	
Died at <i>near Centreville</i>		County <i>MD</i>		State <i>MARYLAND</i>	
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>12</i>	Years <i>12</i>	Months <i>1</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>American</i>		Birth- place <i>Queen Anne</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>W H Wolfe</i>		Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Cora Bradley</i>		Mother's Birthplace <i>Talbot Co</i>			
Name of person giving Information <i>W H Wolfe</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long <i>1 1/2 Day</i>
Immediate	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Anne Hawkins, MD</i>
<i>Jos. G. Dawson</i>	Address <i>Centreville, MD</i>
Accident or Suicide? <i>Undertaken</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Thomas Henry Wright

Town

County

MARYLAND

Died at Bowztown

Queen Anne's

Date of death 1903 Aug.

Month

Day 6th

Age 25 yrs.

Years

Months 11 mos.

Months

Days

Sex Male

Color or Race

Black

Birthplace Queen Anne's Co.

Occupation

Farm hand

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name John Henry Wright

Father's Birthplace Queen Anne's Co.

Mother's Maiden Name Fanny Singer

Mother's Birthplace Queen Anne's Co.

Name of person giving Information Father - John W. Wright

How related to deceased Father

## CAUSES OF DEATH

Primary

Intestinal Tuberculosis Lung involvement about one year

How long

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. Adams M.D.

Address

Wye Mills, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

